

Missouri's

Access to Recovery

ADATR

Missouri Division of Alcohol & Drug Abuse (ADA)

SAMHSA Access to Recovery Grant (ATR)

Building on a Foundation of Rock

Key Staff

- **Debra McBaine, Project Director**
- **Michael Couty, Co-Project Director**
- **Mark Stringer, Treatment Director**
- **Marsha Buckner, Fiscal Director**
- **Andrew Homer, Evaluation Director**
- **Daphne Walker-Thoth, CCFC Coordinator**
- **Mark Shields, Treatment Specialist**

What is ATR?

- **Presidential initiative that provides people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services**
- **Grant recipients must use the funds to supplement current substance abuse treatment funding and build on existing programs**

Role of the Faith Community

- **Communicate and sustain an appropriate level of concern and messages of hope and caring**
- **Communicate the importance of spirituality in recovery**
- **Be familiar with and utilize community resources to ensure a continuum of care for the addicted person, family system, affected children**
- **Be knowledgeable about the signs of addiction, withdrawal, its impact on the family, stages of recovery**
- **Be aware of appropriate pastoral interactions with the addicted person, family system, and children**
- **Collaborate with clinical treatment providers in their community**

ATR Funding

- **\$7.6 million per year for three years (\$22 million total)**
- **Reflects a 50.6% reduction from original request which has resulted in program changes**
- **Cooperative agreement with SAMHSA; funding is allocated on a year-to-year basis and cannot be guaranteed beyond the three-year term of the grant**
- **Vouchers are to be provided to eligible clients to pay for assessment and other clinical treatment and recovery support services**
- **85 percent of the funds must be used for direct services**
- **No more than 15 percent of the funds can be used for administrative costs**

SAMHSA's Goals

- **Accountability** – establish systems to measure performance and ensure accountability
- **Capacity** – build, enhance, and maintain treatment infrastructure and capacity
- **Effectiveness** – enable all communities and providers to deliver effective treatment services

ATR Goals

- Ensure genuine, free, and independent **client choice** of appropriate clinical substance abuse treatment and recovery support services
- **Improve access and increase capacity** for substance abuse treatment and recovery support services
- **Engage faith-based and nontraditional treatment organizations** in providing a broader spectrum of treatment services and recovery supports

Paradigm Shift

- Treatment is part of recovery
- End point of treatment – absence of symptoms of the clinical disorder
- End point of recovery – holistic health
- Notion of recovery is grounded in a strength-based approach that focuses on wellness and a full reengagement with the community
- Recovery incorporates the notion of recovering individuals in the context of family, community, and culture

ATR Glossary

- **Clinical Treatment:** a comprehensive package of services and therapeutic structured activities provided consistent with an individual rehabilitation plan which are designed to achieve and promote recovery from substance abuse.
- **Recovery Supports:** an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning, or recovery.
- **Vouchers:** provided to eligible clients to pay for assessment and other clinical treatment and recovery support services from a broad network of eligible providers. Vouchers are time-limited and are issued based on availability of funds.

ATR Glossary

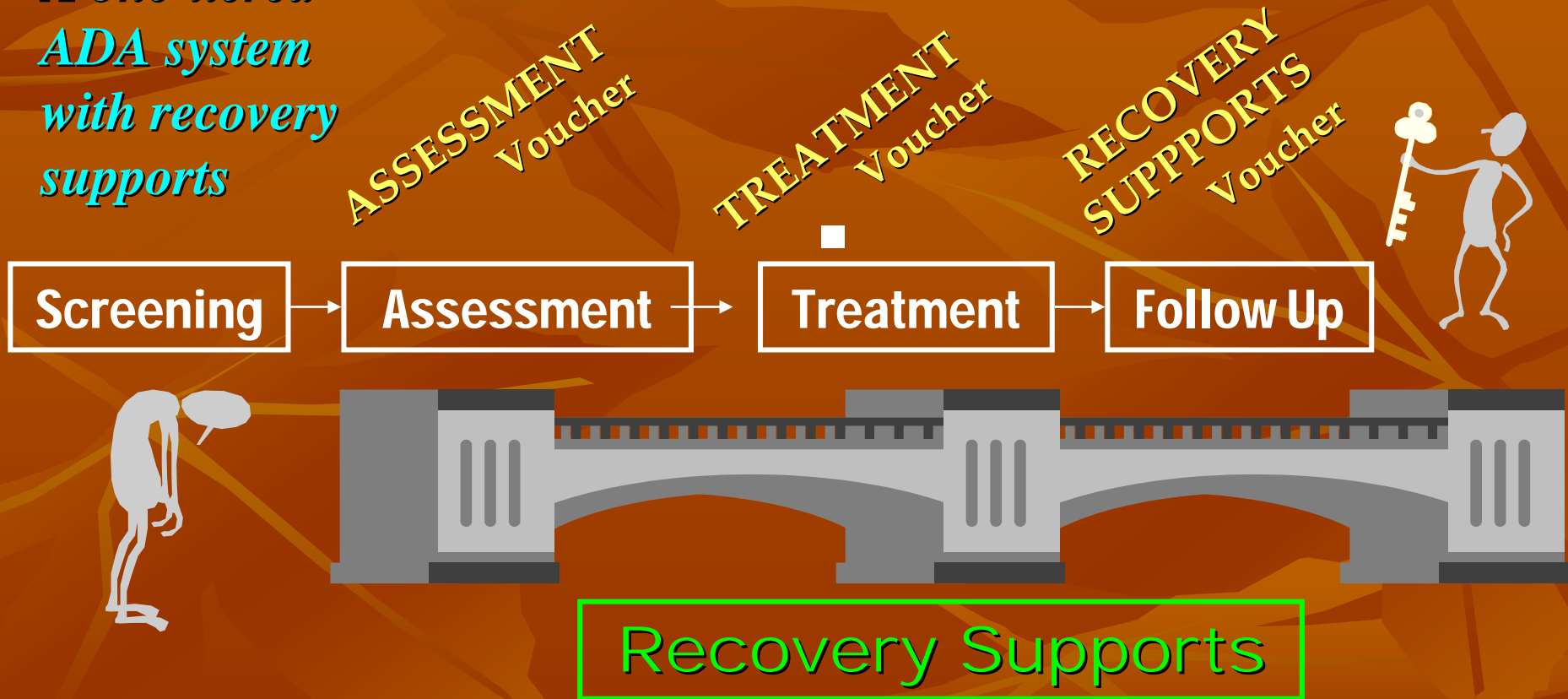
- **Faith-Based Organization:** entity having a distinct legal existence that is organized and operated exclusively for religious or other charitable purposes
- **Nontraditional Service Provider:** organization not certified by the Department of Mental Health that is providing recovery support services
- **Client Choice:** being able to select from at least two agencies qualified to provide the necessary services, with at least one to which the client has no religious objection

ATR Glossary

- **Outcome Domains:** seven areas that are measured on a regular basis to help determine an individual's success in clinical treatment and recovery support services and ultimately measure the success of the ATR voucher program
- **Certification:** determination and recognition by the Department of Mental Health that an organization complies with applicable rules and standards of care for providing clinical substance abuse treatment under 9 CSR
- **Credentialed Status:** determination and recognition by CCFC and/or the Division of ADA that an organization complies with applicable rules and standards of care for providing recovery support services under the ATR project

Voucher Process

*A one-tiered
ADA system
with recovery
supports*



Target Population

- **Adults only**
- **Statewide project**
- **April 1, 2005 full implementation**
- **SAMHSA expects us to serve:**
 - **1,596 clients by the end of Year 1**
 - **3,666 additional clients by the end of Year 2**
 - **An additional 3,666 clients by the end of Year 3**

Seven Domains of Recovery

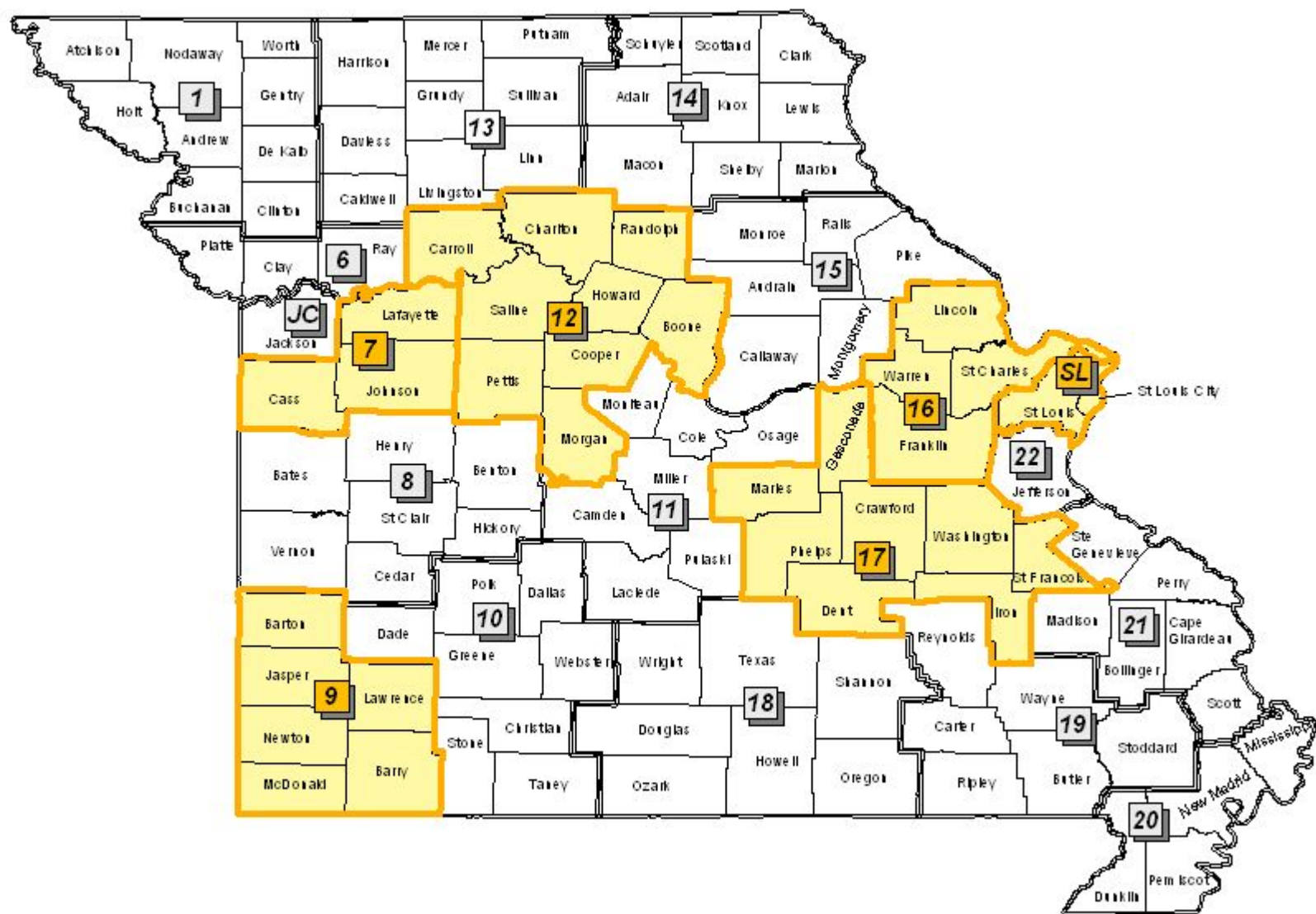
- **Social Supports**
- **Abstinence from Drug and Alcohol Use**
- **Family and Living Conditions**
- **Employment/Education**
- **Crime and Criminal Justice**
- **Access/Capacity**
- **Retention**

Client Choice

- Missourians already have considerable choice in selecting substance abuse treatment services. There are no geographical constraints; people can choose to go anywhere in the state
- ATR clients will be able to choose from at least two treatment and recovery support providers within a 100-mile radius of their home
- Based on assessment, clients may choose from an array of treatment and recovery support services
- The dollars (voucher) follow the client based upon his or her informed choice

Improve Access & Expand Capacity

- **Expand PR+ services into six underserved areas of the state (issue RFPs after January 1, 2005)**
- **Add Recovery Support services throughout the state**



Engaging Faith-Based and Nontraditional Providers

- **Will participate in ATR as providers of recovery support services**
- **Recovery supports are a key component of the ATR program and include services that are not provided in the clinical treatment setting**
- **Faith-based providers of recovery supports will be credentialed by CCFC**
- **Nontraditional providers of recovery supports will be credentialed by ATR staff in the Division of ADA**
- **Can bid on clinical treatment services but must meet existing certification standards**

Engaging Faith-Based and Non-Traditional Providers

- **Outreach and informational meetings to be held statewide to inform interested organizations about the ATR project**
- **Open enrollment will be held for faith-based and other nontraditional providers of recovery supports**
- **The ATR voucher program will be a collaborative effort between the recovery support service providers and clinical treatment providers**
- **Existing treatment providers will enter into affiliation agreements with credentialed recovery support providers**

Tracking Vouchers & Clients

- **All ATR clients will be tracked in the Department of Mental Health's management information system, from screening to post-discharge, for outcome measurement**
- **Upon program entry, during treatment, and at exit, ATR outcome data will be gathered by clinical treatment providers on all clients, based on CSAT reporting requirements**

Monitoring the ATR Program

- The existing Clinical Utilization Review Unit in the Division of ADA provides clinical oversight if service days or dollars exceed the customary service authorization for clinical treatment or recovery support services
- The Department of Mental Health's management information system (CIMOR) will enable routine analysis of all services and expenditures under ATR
- Annual safety and basic assurances site visits, including billing audits, will be conducted
- All providers of clinical services must be certified by the State meeting existing standards of care

Data Collection/Reporting

- **Data collection on the seven outcome domains will begin upon activation of the voucher; quarterly reporting to CSAT is a grant requirement**
- **The Missouri Institute of Mental Health will collect data for the longitudinal outcome study, including six and twelve months post-discharge follow up**

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<http://www.dmh.mo.gov/>

<http://www.dmh.mo.gov/ada/adaindex.htm>

<http://www.dmh.mo.gov/ada/ATR/ATRgrant.htm>

<http://www.dmh.mo.gov/ada/ATR/CCFC.pdf>

<http://www.dmh.mo.gov/ada/ATR/Jan05AddicAcademy.pdf>